

The potential cost savings were summarised for a single patient and up-scaled for Switzerland. **RESULTS:** They are estimated to add up to approximately 9 Mio CHF for Switzerland for all three scenarios. Scenario 2 contributed most with about 6.5 Mio CHF (70%). For a single patient potential savings of about 10k CHF resulted for scenario 1 and 700k CHF for scenarios 2 and 3. The major share of potential savings accrues from adjusted antibiotic treatment and from avoidance of productivity losses. **CONCLUSIONS:** Even though these results are preliminary and partly based on assumptions, it is expected that the economic advantages are still attractive even when savings might be partly lower. Nevertheless, it is desirable to verify assumptions and potentials by clinical trials and pilot studies.

## PIN91

## A MACRO ECONOMIC ANALYSIS OF 65 YEAR-OLD 'RENDEZ-VOUS VACCINAL' IN FRANCE: WHAT IS THE RETURN ON INVESTMENT?

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**OBJECTIVES:** Vaccination is the best way to prevent from life-threatening and debilitating infectious diseases that still lead to a huge epidemiological and economic burden to societies. The French health authorities have recently decided to implement a "rendez-vous" in the vaccination calendar for individuals aged 65 years old, to achieve optimal vaccination coverage rates and improve protection for elderly population against diphtheria, tetanus, seasonal influenza, pneumococcal diseases, pertussis and herpes zoster. The objective of this study was to assess from a governmental perspective the return on investment of the 65 year-old 'rendez-vous vaccinal' in France. **METHODS:** A cohort model was developed to compare the mortality, morbidity, lifetime earnings and transfers of a cohort aged 65 with or without vaccination. The incremental total discounted lifetime direct and indirect tax revenue gained, the reduction in direct medical and social insurance costs resulting from the vaccinations were estimated and compared to vaccination budgets. Uncertainty was handled using univariate sensitivity analyses on vaccination coverage, epidemiological data, economic parameters and discount rates. **RESULTS:** From the French government's point of view, vaccinating individuals aged 65 years old age is estimated to produce favorable benefit cost-ratios [-1 up to 3]. The results suggest that every euro invested in vaccination is expected to at-least be paid back to the government due to increased tax revenues, social insurance and health care cost-savings. **CONCLUSIONS:** This macro-economic analysis approaches vaccination as an investment rather than a cost. From the French Government's point of view, promoting actively vaccination for 65 year-old individuals in France will favor healthy ageing while producing positive returns on investment.

## PIN92

## WHAT DRIVES UNEMPLOYMENT OF HIV-INFECTED PATIENTS IN GERMANY?

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**OBJECTIVES:** While the life expectancy of timely antiretrovirally treated HIV infected adults converges to that of the general population, there are still imbalances with regard to the labor market [Worthington et al. (2011); Dray-Spira et al. (2008); Rabkin et al. (2004); Goldman, Bao (2004)]. Previous studies of a French cohort find that unemployment of HIV patients is significantly related to health related factors such as the number of CD4 cells [Dray-Spira et al. (2007); Dray-Spira et al. (2005)]. Based on data of a German cohort we aim to analyze drivers of unemployment of HIV infected individuals receiving antiretroviral therapy in specialized centers in Germany. **METHODS:** We prospectively surveyed 656 HIV patients in the age of 18-60 over two years and collected data on potential factors that influence the propensity of unemployment (e. g. age, educational background, and disease related factors). By means of a logistic regression we identify significant determinants of unemployment. **RESULTS:** The unemployment rate within our sample is 29.9% which is much higher than the overall German unemployment rate of 6.6%. A poor level of education, concomitant mental diseases, and most of all advanced stage of HIV disease significantly determine the likelihood of being unemployed. Even controlling for other determinants of unemployment, moving from CDC stage A to CDC stage C increases the probability of unemployment by 180%. **CONCLUSIONS:** We confirm the results of earlier studies that health related factors among HIV patients significantly affects the probability of being unemployed. Specifically, the stage of HIV disease seems to be a good predictor of unemployment. From a health economic point of view, earlier start of antiretroviral treatment and deceleration of disease progression is not only beneficial for the patient but also for the economy as a whole.

## PIN93

## INDIRECT COSTS AMONG PATIENTS WITH HEPATITIS C VIRUS

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**OBJECTIVES:** Payers, including employers, are struggling to balance cost of novel therapies with long-term benefits of the treatments. The goal of this analysis is to examine the potential benefit of treating patients with Hepatitis C virus (HCV) by evaluating indirect costs during the first year following diagnosis. **METHODS:** Employed patients with HCV were identified using the Truven Health Analytics Health and Productivity Management Database from 2010-2012. Presence and number of days associated with absenteeism (ABS), short-term disability (STD) and long-term disability (LTD) were evaluated among patients with HCV and at least 12 months of continuous enrollment for the year following diagnosis. Costs associated with reduced productivity were monetized using an average hourly wage (ABS) and a proportion of that wage (70% for STD/LTD) and are reported in US\$. **RESULTS:** A total of 3,250 patients met the study inclusion criteria (mean age: 51 years; 67% male). Availability of productivity data varied - 588 employees had ABS data, 2,175

had STD data and 1,985 had LTD data during year following diagnosis. Of these 87% had at least one day of ABS, 21% at least one STD claim and 2% at least one LTD claim. Total ABS costs in the year following the HCV diagnosis were \$17,439. Among those with claims, STD costs during year following diagnosis were \$42,149 and LTD costs were \$50,422. A smaller subset of patients had productivity data available for the 2 year period following diagnosis (n=215 [ABS], n=748 [STD], n=670 [LTD]). Costs during year 2 were similar to first year cost- approximately \$21,400 for ABS, \$42,700 for STD and \$55,500 for LTD. **CONCLUSIONS:** Novel treatments can be costly but potential reductions in productivity losses may offset these costs. Payers should consider broad and long-term impact of these medications when making reimbursement decisions.

## PIN94

## RESOURCE UTILISATION IN A COMPLEX TREATMENT REGIMEN FOR HEPATITIS C

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**OBJECTIVES:** Patients treated with triple therapy regimens of a protease inhibitor (PI), pegylated interferon and ribavirin, require monitoring to assess treatment response (HCV-RNA assays) and determine adverse event development (clinical review and laboratory tests). The aim of this study was to examine resource utilisation associated with treatment of patients with HCV genotype-1 managed in an ambulatory hospital-based setting. **METHODS:** Data on resource utilisation for patients prospectively enrolled in the Irish Hepatitis C Outcomes and Research network (ICORN) Treatment Registry, who reached end of treatment (EOT) were gathered. Data on 1) attendances to outpatient clinics for clinical assessment, 2) laboratory tests (FBC, liver profile etc.) and 3) HCV-RNA assays were quantified. **RESULTS:** A total of 50/241 patients have reached EOT to date. Telaprevir accounts for 36 patients, of whom 30% fulfilled criteria for response guided therapy (RGT), while 29% of boceprevir-treated patients fulfilled criteria. A total of 1371 outpatient clinic visits were recorded for patients to EOT (mean 29.3 (range 10-51) (SD = 9)). There were 3481 individual laboratory tests undertaken. A full blood count is the most commonly ordered investigation, n=1179 (costs incurred €18,864). A total of 382 HCV-RNA PCR assays were completed to EOT (mean of 7.10 (range 4-11 (SD = 2)) per patient. This was 250 in excess of expected numbers of HCV-RNA assays from SPC instruction. It was estimated that adherence to mandated HCV-RNA assays would result in cost savings of approximately €9,000 or €180 per patient treated. **CONCLUSIONS:** There is significant resource utilisation associated with the treatment of HCV patients in a hospital-based setting. Cost savings may be generated by the development of guidance on laboratory monitoring, and careful adherence to decision rule time points. This may have implications for guideline development for monitoring of patients treated with new agents for HCV in the near future.

## PIN95

## RESOURCE USE AND COSTS FOR MANAGING HCV GENOTYPE 1 PATIENTS IN COLOMBIA FROM THE PAYERS PERSPECTIVE

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**OBJECTIVES:** To estimate the direct costs of HCV management for genotype 1 patients throughout their lifetime based on the natural history of the disease from payer perspective in Colombia. **METHODS:** Direct costs were estimated from a payer perspective by using a micro-costing approach of all relevant resources used to manage patients with HCV genotype 1 since the diagnosis for a lifetime perspective. Resources and clinical practice were identified, measured and valued for nine health states. Resource use and clinical patterns were validated with a panel of experts in managing HCV patients by applying a comprehensive survey. Each of the resources was valued based on standard national public lists of fees in Colombian pesos (when the list of fees was released? Is it up to date or not?). Total costs for each of the health states of the disease were calculated for a one year time horizon. **RESULTS:** Direct cost were presented in US Dollars using the average year to date exchange rate (USD 1 = COP 1,974). Estimated average direct cost for each health state per year: non diagnostic HCV (USD 512), chronic HCV F0-F3 (USD 1,440), compensated cirrhosis (USD 976), decompensated cirrhosis (USD 10,782), hepatocellular carcinoma (USD 10,263), liver transplantation (USD 28,883), post-transplant (USD 1,933), monitoring drug therapy for HCV and the management of adverse events (USD 1,020), death (USD 15,538). **CONCLUSIONS:** Chronic HCV infection represents an important economic and humanistic burden for health systems in the world. This micro-costing study provides valuable information for further economic cost of illness analysis from the Colombian payers setting. It also reflects severity and economic impact of HCV related health states.

## PIN96

## PREDICTING THE IMPACT OF ADVERSE EVENTS AND TREATMENT DURATION ON MEDICAL RESOURCE UTILISATION RELATED COSTS IN HEPATITIS C GENOTYPE 1 TREATMENT-NAÏVE PATIENTS RECEIVING ANTIVIRAL THERAPY

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**OBJECTIVES:** Studies on medical resource utilization (MRU) and related costs are important for evaluating the potential patient management and cost-effectiveness implications of antiviral treatments for Hepatitis C virus (HCV) infection. The objectives of this study were (i) to compare the MRU and related costs for two treatment approaches, (ii) to identify the main drivers of resource use and costs, and (iii) to assess the effect of various treatment regimen attributes on MRU-related costs in a UK clinical setting. **METHODS:** The analysis used data collected alongside the simeprevir (SMV) phase III trials for treatment-naïve genotype 1 HCV-infected patients; these data covered outpatient consultations with specialists, emergency

room visits and hospital admissions. Logistic regressions were constructed to estimate the predictors for resource utilization, and a two-part multivariable analysis model was used to determine the total costs of treatment in the UK. **RESULTS:** Data on 731 patients receiving SMV with pegylated interferon and ribavirin (PegIFN/R) or PegIFN/R alone were included in the analysis. While MRU was similar between SMV and PegIFN/R groups, MRU-related costs were significantly lower in the SMV group, compared to the PegIFN/R group ( $P < 0.05$ ). High body mass index ( $P < 0.05$ ), severe fibrosis ( $P < 0.05$ ), shortened treatment duration from 48 to 24 weeks ( $P < 0.05$ ), anaemia and rash during treatment ( $P < 0.001$ ) were identified as predictors of hospitalisation and outpatient visits and as drivers of total costs. Univariate sensitivity analyses demonstrated that shortened treatment duration and lower occurrence of rash lead to large cost savings. **CONCLUSIONS:** This study identified both baseline and on-treatment antiviral therapy characteristics as drivers of MRU-related costs for HCV patients following antiviral therapy. The shortened treatment duration and reduction in adverse events due to simeprevir treatment lead to extra cost savings compared with PegIFN/R treatment. This suggests that there are potential patient management and cost-effectiveness implications associated with the choice of specific antiviral treatments.

#### PIN97

##### WHAT EXPLAINS WILLINGNESS TO PAY FOR AVOIDING MORBIDITY RISK DUE TO MALARIA? RESULTS FROM A GLOBAL META ANALYSIS

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**OBJECTIVES:** Willingness-to-pay (WTP) to avoid morbidity is a widely-used measure of disease valuation. This paper aims to meta-analyze variation in mean-WTP of avoiding morbidity due to malaria. Benefits from avoiding incidences can be approximated for use in cost-benefit analyses (CBA). This study is an improvement over an earlier meta-analysis: Double-counting is avoided (exclusion of same study results), new studies and explanatory variables are added (e. g. malaria incidence rates). More sophisticated regression techniques are employed to deal with issues, such as heteroscedasticity (e. g. multiple observations from a single study). Furthermore, other mosquito-borne diseases (filariasis, trypanosomiasis and encephalitis) are included to test between-disease valuation differences. **METHODS:** A systematic literature review was conducted, resulting in a database of 61 studies, yielding 200 data points. A meta-regression model was estimated. Dependent variable is mean-WTP per treatment per year in 2012 USD (Purchasing Power Parity and inflation adjusted). The explanatory variables consists of (i) treatment characteristics (service, private/public goods etc.), (ii) methodological characteristics (revealed vs. stated preference, WTP elicitation method, etc.), and (iii) sample characteristics (age, gender, exposure etc.). **RESULTS:** Standardized mean-WTP range is 0.3 USD and 9000 USD. Data is censored: over 70% of mean-WTP includes zero-values. Preliminary comparisons show that valuation of malaria avoidance is influenced positively for altruistic interventions and negatively for rural samples. The latter is correlated with income- underlining the vulnerability of poorer people (due to higher exposure). Additionally, we find significantly higher WTP to avoid filariasis over malaria. The meta-regression model explains over 30 percent of observed variation between WTP values. Predictive power is tested using a jackknife resampling procedure. **CONCLUSIONS:** The preliminary results provide policy-makers important information on benefits to malaria interventions, with a special focus on rural areas. From a methodological perspective, meta-regression helps to improve the practice of benefit transfer, and generate improved predictions for CBA.

#### INFECTION – Patient-Reported Outcomes & Patient Preference Studies

#### PIN98

##### PERSISTENCE TO TREATMENT OF CHRONIC HEPATITIS B VIRUS (HBV) INFECTION: A STUDY BASED ON THE FRENCH IMS LIFELINK TREATMENT DYNAMICS (LTD) DATABASE

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**OBJECTIVES:** To assess and compare the compliance with anti-HBV antiviral oral drugs. **METHODS:** A pharmaco-epidemiological study, based on the IMS LifeLink™ Treatment Dynamics (LTD) database was used to investigate the frequency and the regularity of patients' deliveries on retail pharmacies for 18 months follow-up period between June 2012 and November 2013. Incident patients with no anti-HBV drug deliveries within the last 3 months were included in the cohort. For the follow-up period, patients with no anti-HBV deliveries in a retail pharmacy within 3 consecutive months were considered having stopped their treatment which can lead to an overestimation due to the double dispensing system of these drugs in France. Study investigated patients' demographic characteristics, persistence rates, medication possession ratio (MPR) and proportion of days covered (PDC) according to initial molecule. **RESULTS:** 793 patients (median age 50 years old) initiated a treatment against HBV (patient with both anti-HBV and HIV treatments were excluded); for the follow-up period, 5% of patients switched HBV treatment; 32% of patients stopped their treatment for the follow-up period. Patients who continued their treatment are compliant as MPR is respectively of 160% and 103% at 6 and 12 months while PDC values are 82% and 78%. No differences stood out among the different treatments, especially between Tenofovir and Entecavir (the two often prescribed HBV drugs). Moreover older patients tend to be more compliant than the youngest one. **CONCLUSIONS:** By using the IMS LifeLink longitudinal database this study highlights the fact that one third of patients treated with anti-HBV treatment stopped it within 18 months while these drugs are well tolerated. Therefore physicians' challenge consists consequently in motivating patients to continue their treatment even they feel asymptomatic.

#### PIN99

##### HAND HYGIENE COMPLIANCE OR THE INFLUENCING FACTORS OF EFFICIENCY IN THE SCOPE OF STUDENTS

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**OBJECTIVES:** The prevalence of nosocomial infections is between 5-15%. Reduction of nosocomial infections, recognition in time and adequate treatment are all emphasised activities of patient security. The aim of this examination is to measure theoretical and practical knowledge of hand hygiene of nursing students in secondary education. **METHODS:** Cross-sectional qualitative and quantitative was made, with non-random, accidental samples in 2014 January with the participation of students in secondary nursing education (N=116) to whom the rules of sepsis, asepsis and antisepsis, and correct hand hygiene knowledge were taught according to the number of lessons in the curriculum. Self-made opened and closed questionnaires were applied, with a focus on the knowledge of hand hygiene. The technique and efficiency of hygienic hand disinfection was measured with an infrared lamp.  $\chi^2$ -test, t-test, ANOVA were performed as a statistical method besides 95% probability ( $p < 0.05$ ). Data analysis was performed with SPSS 20.0 programs. **RESULTS:** The concept of disinfection was known correctly by 78% of the students, the exact terminology of nosocomial infection was known by 44%. Only 42 students thought that hands have the highest relevance in the transfer if infections. The preconditions of proper hand hygiene were indicated correctly by 11%. Examination with infrared lamp showed that 4 students implemented hand disinfection perfectly. The most common missed areas were: the back of the hand, phalanges, nails, thumb. **CONCLUSIONS:** Significant reduction of nosocomial infections may and must be reached, to which accurate theoretical and practical education of the students is required, and the acquirement has to be monitored continuously and strictly.

#### PIN100

##### DEVELOPMENT OF A SURVEY TO QUANTIFY PARENTS' PRIORITIES FOR VACCINATING CHILDREN AGAINST ROTAVIRUS

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**OBJECTIVES:** To identify and understand the importance of reasons mothers of young children would choose to vaccinate their child (ren) against rotavirus and the impact of vaccine features on vaccine choice and uptake. **METHODS:** Women with children 5 years of age or younger participated in a focus group and semi-structured interview to: (1) identify reasons they would choose to vaccinate their children against rotavirus independent of the clinical features or cost of the vaccine and (2) identify the clinical vaccine features that would influence their decision to vaccinate their children. A survey instrument was developed to elicit the relative importance of the reasons for vaccination. The survey also included a discrete-choice experiment (DCE) to elicit parents' preferences for clinical features of hypothetical vaccines and likely uptake of vaccines with different clinical features and cost. The survey instrument was used in 15 in-depth, face-to-face interviews and the findings were used to refine the list of reasons and the clinical vaccine features. **RESULTS:** Study participants identified 7 reasons influencing vaccination decisions – work disruptions, child-care disruptions, unplanned expenses, disruptions to routine, concern about child's discomfort, concern about child's health in the future, concern about spreading illness – and 6 clinical vaccine features influencing vaccine choice and uptake – number of illnesses prevented, severity of the illnesses prevented, duration of illnesses prevented by vaccine, location of vaccination (home or health care location), mode of administration (oral or injection), and age at which protection begins. Cost was also a relevant attribute in these decisions. The reasons for vaccination vary with the severity of illness. **CONCLUSIONS:** Deciding to vaccinate a child against rotavirus is the result of a decision process that is influenced by both the impact of rotavirus on the family, the severity of illness, and the clinical characteristics of the vaccine itself.

#### PIN101

##### CONFIRMATION OF THE FACTOR STRUCTURE OF THE PROQOL-HIV QUESTIONNAIRE TO ASSESS HEALTH-RELATED QUALITY OF LIFE IN PLWHA

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**OBJECTIVES:** To identify a parsimonious factor structure for the 43-item PROQOL-HIV questionnaire as an easy-to-use instrument for measuring health-related quality of life in clinical studies. **METHODS:** Using a representative sample of 3,022 HIV-infected patients from the Vespa2 French national survey, HRQL was summarized using the 8-dimension PROQOL-HIV questionnaire. Exploratory Factor Analysis (FA) was used to isolate 4 correlated factors. Dimensionality and internal consistency were checked using parallel analysis and Cronbach's alpha. A confirmatory FA was applied on the international validation sample (N=791, 8 countries). Summated scale scores were compared to individual scores computed from FA and partial credit models. **RESULTS:** The four dimensions down to: physical health and symptoms (11 items,  $\alpha = 0.931$ ), health concerns and mental distress (10 items,  $\alpha = 0.908$ ), social and intimate relationships (7 items,  $\alpha = 0.898$ ), and treatment impact (10 items,  $\alpha = 0.936$ ). Four items exhibited PROMAX rotated loadings  $< 0.4$ , three of which were found to cross-load on two factors. This four-factor solution suggests acceptable fit to the international validation sample (RMSEA=0.082, 90% CI [0.079; 0.084]; NNFI=0.880). Correlations between unweighted sum scale scores and factor or IRT scores were above 0.9 in most cases. **CONCLUSIONS:** PROQOL-HIV is the only specific scale taking into account patient's experience with treatment. This simplified scoring version will allow researchers and clinicians to better